



CITY OF BAINBRIDGE ISLAND/  
BAINBRIDGE ISLAND FIRE DEPARTMENT



## Residential Address Request Form

PLANNING AND COMMUNITY DEVELOPMENT ●  
280 Madison Ave. N ● Bainbridge Island, WA 98110 ●  
(206) 842-2552 ● Fax: (206)780-0955  
Email: [pcd@ci.bainbridge-isl.wa.us](mailto:pcd@ci.bainbridge-isl.wa.us)

The City coordinates addresses and street names with the Bainbridge Island Fire District, CENCOM(911), the post office, and the Police Department so that emergency vehicles and personnel can quickly and accurately find the location to which they've been called and so that mail may be delivered accurately.

**Please return this form to the Department of Planning & Community Development.**

Reason for request: ☐ NEW ☐ EXISTING ☐ CORRECTION ☐ CHANGE ☐ ADDITIONAL

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

If you do not have an email address, you must come into the office to receive your approved address paperwork.

MAILING ADDRESS: \_\_\_\_\_

Tax Lot Number (Assessor's Account #): \_\_\_\_\_  
(For parcel being assigned address)

Name of Street being accessed: \_\_\_\_\_  
(i.e. Madison Ave N.)

Use of Address: ☐ Single Family Residence ☐ Multi-Family ☐ Accessory Dwelling Unit

Building Permit #: BLD \_\_\_\_\_

Please attach a site plan/diagram of your property, including all road names in the area and addresses of your neighbor's. Please include driveway and access from the street. If addressing multi-family units please provide a diagram of the buildings and units.

Your **NEW ADDRESS** is: \_\_\_\_\_

Residences are required **by law** to display their new number in numerals not less than three inches in height and five inches in height for commercial on a contrasting background on the front of their building, unless it is not visible from the road way, in which case they shall be displayed at the main entrance to the property. If any information **changes or is incomplete**, your assigned address may be subject to change.

**Internal Use Only:**

<input type="checkbox"/> Sent to BIFD	By: _____	Date: _____
<input type="checkbox"/> Address Assigned	By: _____	Date: _____
<input type="checkbox"/> KSAM Updated	By: _____	Date: _____
<input type="checkbox"/> Tidemark Updated	By: _____	Date: _____

# **BIFD/COBI ADDRESS**

## **SINGLE FAMILY RESIDENCE/ADU**

- \_\_\_\_\_ Type of request, new, correction, change, ADU etc
- \_\_\_\_\_ Applicant Name, Mailing Address, Phone, Email
- \_\_\_\_\_ Map showing property location, official plat map with tax lot number preferred
- \_\_\_\_\_ Nearest address(s) on either/all side(s) of property
- \_\_\_\_\_ House site plan with driveway access
- \_\_\_\_\_ Fee Paid (No Charge at this time)